ON05792

WORKING PAPERS OF PLANNING AND DEVELOPMENT RESEARCH

89-12

THE COMPLEMENTARY HEALTH CARE PROFESSIONS: PROPOSAL FOR PROGRAMMING

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April 1990

92-06393/

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Summary

This report proposes the format and content for a series designed to educate individuals about the complementary health care professions. This proposal has been prepared at the request of the Creative Head, Home Studies, English Programming Service, in response to a societal trend towards more proactive approaches to health care.

The objectives of the series are:

- to provide participants with information about life stressors and health;
- to promote greater understanding of preventive approaches to health;
- to empower individuals to take responsibility for their own health and quality of life through informed choice.

Among potential audiences for the series are patients and potential patients of complementary health care practitioners, individuals who adopt a philosophy of preventive health care, and individuals studying in the fields of complementary health.

An initial program would introduce the notion of life stressors as they relate to preventive and curative approaches to health. This would be followed by a series of programs on specific complementary health care professions. Those recommended for inclusion are presented in detail in this report; they are: Naturopathy, Dietetics, Oriental Medicine, Massage Therapy, Holistic Medicine, Midwifery, and Chiropractic. Other therapies are also described in brief. A final program would summarize the various approaches and their philosophies in relation to specific health issues.

It is proposed that certain themes be recurrent throughout. These are selected based on the expressed health concerns of Ontarians and include preventive versus curative health care, stressors of daily life (physical and mental), economical approaches to health care, the health care needs of the elderly. The format for each program would include an informational component describing the origin, history, philosophy, and educational requirements of the profession; a case-study demonstration component, and an activity component. Instructional methods would include television as a didactic and interactive tool, written material, and a personal journal or record.

Résumé

Le présent rapport suggère le format et le contenu d'une série ayant pour but de renseigner le public sur les services de soins de santé complémentaires. Compte tenu des tendances actuelles envers des approches proactives face à la santé, le directeur de création, Études à domicile, Service de programmation anglaise, a demandé qu'une étude soit faite.

Voici les objectifs de la série proposée :

- procurer des renseignements sur les causes du stress et la santé en général;
- promouvoir une meilleure compréhension de la médecine préventive;
- donner la chance aux individus de prendre en main leur santé et la qualité de leur vie en leur fournissant les renseignements qui leur permettront de faire un choix raisonné.

L'auditoire visé par cette série comprendrait divers groupes : les personnes utilisant des services de soins de santé complémentaires, les personnes qui vraisemblablement utiliseront ces services dans un avenir rapproché, les personnes qui croient aux bienfaits de la médecine préventive et les personnes qui poursuivent des études dans ces domaines.

La première émission devrait présenter la notion du stress et de ses causes, selon le concept de l'approche préventive et celui de l'approche curative. Cette émission serait alors suivie d'une série d'émissions portant sur divers types de traitement, dont la naturopathie, la diététique, la médecine orientale, la massothérapie, la médecine holistique, la chiropraxie, les services de sages-femmes et brièvement, d'autres types de soins. La dernière émission présenterait un tour d'horizon de toutes les approches discutées et de leur philosophie, compte tenu de certaines questions sur la santé.

Il serait bon de reprendre certains thèmes dans toutes les émissions, thèmes qui devraient être choisis d'après les sujets de préoccupation des Ontariens. On devrait donc parler de la médecine préventive et de la médecine curative, des causes de stress physique et émotif dans la vie quotidienne, des facteurs économiques et du besoin de soins de santé des personnes âgées. Chaque émission devrait comporter un segment éducatif présentant l'origine, l'histoire, la philosophie et les exigences éducatives de chaque profession ainsi qu'une étude de cas et un exercice pratique. Les cours devraient englober les émissions télévisées comme outil didactique et interactif, des documents d'accompagnement et un journal personnel.

TVOntario

Planning and Development Research
Planification et recherche en développement

Working Paper 89-12

THE COMPLEMENTARY HEALTH CARE PROFESSIONS:

PROPOSAL FOR PROGRAMMING

by

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April 1990

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Introduction

The purpose of this document is to propose a series designed to educate individuals about the health care professions which complement conventional medical care with a philosophy of health promotion. These have been termed complementary rather than alternative, since most of the professions consider themselves to be an integral part of health care, rather than an alternative to it.

This proposal has been prepared at the request of the Creative Head, Home Studies, English Programming Service, and represents an outgrowth of the report entitled *Health Concerns of Ontarians* completed by Planning and Development Research, January 1990. The information contained in this proposal was derived, primarily, from personal communication with practitioners and other individuals representing the various professional associations. Other sources included government publications and printed materials made available through professional associations.

The sections that follow will detail the rationale for the series -- its objectives and projected learning outcomes; its design and instructional methods; associated costs and potential funding bodies. A number of complementary health care professions will then be described, and related TVOntario programming will be noted.

Rationale

In the past, our health care system has been biased towards treating illness rather than promoting health. In 1974, the emphasis began to shift towards prevention and the promotion of health, primarily as a result of a document issued by Marc Lalonde, the then Minister of Health[1]. Current definitions view health more broadly, as "a resource which gives people the ability to manage and even to change their surroundings . . . a basic and dynamic force in our daily lives, influenced by our circumstances, our beliefs, our culture and our social, economic and physical environments"[2].

Rationale, continued

As a result of this new and broadened view, individuals in Ontario are becoming increasingly interested in alternatives or complements to standard medical practice which are more proactive than reactive. Complementary health care professions tend to view the individual holistically, and tend to define health as a state which allows the individual to derive maximal satisfaction from living and to heighten his or her quality of life. Their common underlying philosophy is that health emanates from within the individual. The notion of supporting or enhancing the body's own healing abilities is distinct from, but nevertheless compatible with, the notion of arresting the disease process. More and more health professionals in the field are advocating a combined focus, recognizing that both are necessary and desirable in promoting health.

Series Objectives

The proposed objectives for a series in complementary health care are as follows:

- to provide the participant with information pertaining to the various forms of complementary health care;
- to promote a greater understanding of the distinction between preventative and curative approaches to health, and of the ways in which they are complementary;
- to promote an awareness of the relationship between the stated health concerns of Ontarians and the various non-medical approaches to health care.

Learning Outcomes

These imply the following projected learning outcomes for participants:

- to take responsibility for one's own health and quality of life;
- to understand the relationship between psychosocial/ environmental stressors and health;
- to understand the distinction between preventative and curative approaches to health;

Learning Outcomes, continued

- to understand the complementary health care professions, including their underlying philosophies, certification procedures, techniques, applications, associated costs, length of treatment;
- to make informed choices regarding complementary health care.

Potential Audience

The potential audience for a series in complementary health care includes:

- Individuals for whom the conventional health care system has failed; for example, those who suffer from acute arthritis gain little relief from medical treatment and may seek complementary approaches;
- Individuals who express a general concern for their health: that is, who are medically healthy but who realize that their physical and social environment affects them in ways that are often not immediately evident;
- Individuals who already ascribe to a health philosophy which stresses prevention over cure and who want to know how the body works and how to improve its functioning;
- Individuals who are currently undergoing treatment under the care of a complementary health care professional;
- Individuals who have always had a complementary health care professional as their primary health care professional;
- Individuals who are studying or currently practising some form of complementary health care.

Instructional Design

The series will comprise an initial program which reviews the health concerns of Ontarians, particularly the notion of stressors and how they affect us in day-to-day living. This will lead into an overview of the series, how it relates to these health concerns and how it is structured. The initial program will also review general principles of preventative versus

Instructional Design, continued

curative approaches, the nature of complementary health care, the implications of regulation and accountability. As an introductory exercise, individuals may begin by listing all the complementary health care professions of which they are aware, along with whatever knowledge they have of these forms. This initial program will be followed by a series of programs, each focusing on one particular complementary health care profession. These will be selected to relate to the basic health concerns of Ontarians; for example, a program on midwifery could address concerns with childbirth and fertility; a program on dietetics could address specific nutritional concerns, etc.

Given that each profession adopts many therapeutic techniques which will be described and demonstrated, programs will likely have to be one half hour in length. The programs will be sequenced in some logical fashion which will be determined after the content has been decided upon. One possibility would be to sequence the presentation of complementary health care professions according to their **degree of departure from conventional medical practice** while placing them within the context of a holistic medical approach. Another possibility would be to cluster professions according to the **particular type of bodily part or function that is treated**; for example, chiropractic treats neuro-skeletal problems and osteopathy treats musculo-skeletal problems while naturopathy is distinct from these in that it treats fundamental bodily imbalance. A third possibility -- the one adopted here -- would be to cluster professions by virtue of the **degree of similarity in their philosophies, diagnostic and treatment techniques**. The latter two methods have the advantage of allowing more than one profession to be examined within a single program provided that two conditions are met. First, the professions are sufficiently related in one of the two ways suggested. Second, there is insufficient information on one or more profession to warrant an entire program being devoted. Possible programs and the suggested sequence are diagrammed below.

Instructional Design, continued

PROGRAM 1 Introduction: Concerns and stressors →	**PROGRAM 2** Naturopathy →	**PROGRAM 3** Dietetics →
PROGRAM 4 Oriental Medicine →	**PROGRAM 5** Massage Therapies →	**PROGRAM 6** Holistic Medicine →
PROGRAM 7 Midwifery →	**PROGRAM 8** Chiropractic →	**PROGRAM 9** Series Summary ? Conclusion

The following professions were not included because they tend to espouse a more conventional curative philosophy and to show more overlap with the medical professions as a whole: physiotherapy, occupational therapy, chiropody, osteopathy. These are nevertheless described, albeit in lesser detail, within the sections that follow for the reader's interest and may be further researched and included as programs if deemed suitable. Other possibilities for programs, not described in this document, include floatation, kinesiology, lymph drainage. The focus of the series, as described, is **physical, mental, and spiritual healing through physical means**. There are a number of other approaches, not described here, that are primarily concerned with **physical, mental and spiritual healing through cognitive means**; for example, meditation, gestalt therapy, neurolinguistic programming, hypnotherapy, rebirthing etc.

Themes

Various themes could be recurrent throughout the series. These are derived directly from the expressed health concerns of Ontarians[3]. First, a focus on prevention versus cure. Second, an emphasis on stressors (physical, psychological, social, environmental) of daily life. Third, a view to low-budget solutions in complementary health care. Fourth, a consideration of the particular complementary health care needs of the elderly.

Program Format

A standard format would be adopted for all programs, with the exception of the first, introductory program. Each program will concentrate on a single (with above-noted exceptions) complementary health care profession. It will begin with a brief commentary on origin and history, underlying philosophy, professional certification and training (this information will be provided in detail within the print materials). This commentary will focus on information about the suitability of the approach for various health problems or concerns; that is, the conditions that the therapy has been particularly successful in treating or preventing. This will be followed by a demonstration of diagnostic and treatment techniques, with a particular view to the links between certain techniques and various conditions. The third component will provide participants with safe and relevant activities that they may attempt in their own home, without the supervision of a health professional. The program will end with a brief synopsis of practical information including accessibility and coverage, and will direct the viewer to additional sources and information described in the print materials.

Instructional Methods

It is proposed that the following media be adopted in order to maximize learning.

- *Television* will be used as the primary tool for communicating information and for demonstrating techniques (the second and third components of each program) since the visual mode is particularly appropriate to this latter purpose. Many of the associations representing the complementary health care professions deliver information seminars and workshops that might be appropriate for filming. An *interactive approach* wherein individuals may call in and ask general questions or request referrals of a practising professional would also be effective as part of the third component of the program, given that individuals generally have concerns about their own health.

Instructional Methods, continued

- *Written material* which will include a synopsis of the information presented in the entire first program and in the first and final components (history, philosophy, description, certification, training, coverage, etc.) of each subsequent program. This information is primarily for reference purposes.

- Where appropriate, demonstrations of the diagnostic and treatment techniques will be in the form of *case studies*.

- A *journal* or *log book* wherein individuals may record the various at-home activities attempted, along with general perceived effects on their health. They may also use this method for recording their general knowledge of complementary health forms (Program 1 exercise, as described above).

Series Cost

Individuals who are considering complementary forms of health care are generally aware that most are not covered under health insurance programs and are prepared to incur the associated costs. If the series provides only televised and written materials, its cost will likely not exceed $30. The inclusion of videocassettes may be feasible if the series is offered to students and practising professionals as a complement to continuing professional education.

Potential Funding

Among the potential funding bodies for this series are the associations representing the various professions. Those that were particularly responsive to the proposed programming idea are noted in appropriate sections to follow. The Ministry of Health is a possibility, but may be most receptive to providing funds for programming related to regulated professions, as described in a subsequent section. A recently commissioned review of health professions legislation concluded that the majority of the professions described in the present document did not meet criteria for regulation.

Research Questions

The following research questions were formulated in developing this series proposal:

1. Which professions are currently licensed under the Drugless Practitioners Act or otherwise regulated by law?

2. Does there exists an association or organizing body for the profession and does it represent French members as well as English?

3. Which complementary health care professions are most readily available and what costs are incurred in treatment?

4. What is the number of practising professionals in Ontario?

5. What content materials are already available through various complementary health care associations?

6. What channels of communication are already in place for reaching potential audiences?

7. What has been TVOntario's previous involvement with this topic?

8. Which professions are recommended for inclusion in the series?

The information collected is presented in the sections that follow.

Regulation

The following professions are currently regulated by act of legislature under the Drugless Practitioners Act: Chiropractic, Naturopathy, Massage Therapy, Osteopathy and Physiotherapy[1]. The act lays out the terms and conditions for the education, examination and registration of these health care professionals. The licensing of practitioners is undertaken by a Board of Directors for that profession. If a profession is regulated, then there also exists a disciplining board to which all practitioners are accountable. As a patient, one is more protected with a licensed than unlicensed practitioner. Health regulation acts are currently under review. After a six year study, new regulatory structure has been proposed which would replace all existing statutes, including the Drugless Practitioners Act. Under the new structure, the following complementary health care professions would be regulated by acts specific to those professions.

- Chiropody
- Chiropractic
- Dietetics
- Massage Therapy
- Midwifery
- Occupational Therapy
- Physiotherapy

Naturopathy has been recommended for deregulation, while three new professions — dietetics, midwifery and occupational therapy — were recommended for regulation. Osteopathy has been recommended for regulation under the Medicine Act.

Description of Professions

The complementary health care professions recommended for inclusion in the proposed series are described in the sections that follow. They are grouped and sequenced according to the similarity of their philosophies and methods. Recall that the **introductory program** will provide an overview of the series, with a particular emphasis on life stressors, and that the ninth and **final program** will provide a summary of the various philosophies and approaches as they relate to life stressors and health decisions.

Naturopathy

Naturopathy, in its broadest definition, refers to any treatment that is designed to enhance the body's own healing ability and is distinct from **Allopathy,** which is disease focused. The basic underlying premise is that an individual's manifestations of illness are symptomatic of a fundamental imbalance in the body. This imbalance might result from a variety of factors, physical, environmental or psychological and is contributed to by the individual's inherited predispositions for susceptibility and resistance. These therapies are designed to restore the balance and maximize the individual's resistance potential. When defined as such, the field of **Naturopathy** is quite far reaching and encompasses a number of therapeutic techniques, including **homeopathy** (the use of minute amounts of substances in order to stimulate the body's own healing abilities), **botanical (herbal) medicine** (the use of plant substances for healing and nutritional effects), **clinical nutrition, physical therapies** (therapeutic use of water, light, ultra-sound, electric energy, exercise), musculo-skeletal **manipulation, Chinese medicine, iridology, Bach flower remedies,** and **colon irrigation.**

Naturopathy is currently regulated in Ontario under the Drugless Practitioners Act by action of the Board of Directors of Drugless Therapy-Naturopathy, but has been recommended for deregulation[5] based on the revised criteria of assessment proposed. **Naturopathy** is not insured under OHIP, although it is insured under some extended health care plans. Currently, there are only three recognized schools in Ontario. The program is four years in length, the first two encompassing clinical science (physiology, biology, chemistry, biochemistry, pharmacology) and the last two encompassing clinical practice (therapeutic methods). Upon completion of the program, exams are required for licensing and successful candidates are granted a

Naturopathy, continued

Doctor of Naturopathy (N.D.) degree. At this point, individuals may also specialize further in a particular technique through advanced courses.

Approximately 200 practitioners in Ontario are represented by the Ontario Naturopathic Association. The majority of Naturopaths (approximately 70 percent) are also practising Chiropractors (Anderson, 1990). The Association adheres to a mandate of educating the public and already has in place a number of communications channels including a newsletter *(NatureFax)*, pamphlets and a professional publication *(ND Reports)*. It also provides information regarding qualified Naturopathic practitioners in Ontario areas and arranges speakers for interested groups. The Association seemed to be very receptive to educational programming in this area. Related TVO programming includes the series *Vital Signs* which premiered in January. The first program, entitled *Who Will Make Me Better?* takes a general look at the practitioner-patient relationship and at why people are attracted to alternative health care forms. A subsequent program, entitled *Jungle Pharmacy*, described a practice akin to **homeopathy** and **botanical medicine**. Also, an episode of *Speaking Out* (March 16, 1989) addressed the de-regulation of **Naturopathy**. Other media involvement in 1989 included the following:

- Q107-FM *Barometer* (Feb. 17, Nov. 8)
- *Radio Noon* (Aug. 29)
- CBC Radio *Morningside* (Oct. 3)
- CHUM Radio *Our Toronto* (Nov. 16)
- The Toronto Star (Apr. 30)
- The Globe and Mail (Oct. 26)
- The Toronto Sun (Nov. 9)
- CFTO-TV *The Hanes Report* (May 2)
- City-TV *Cityline* (Nov. 24)

Dietetics

Dietetics refers to the "assessment of nutritional conditions and the treatment and prevention of nutrition-related disorders by nutritional means"[6]. Dieticians work in three settings: clinical, administrative and community. **Clinical dieticians** work as part of a medical team, conducting nutritional assessments and designing nutritional programs to correct deficiencies. **Administrative dieticians** ensure food standards and quality in food manufacturing and service industries. **Community dieticians** specialize in a number of areas. Public health dieticians assess nutritional and educational needs of a community on a health promotion and disease prevention basis and also conduct point-of-purchase (e.g. grocery store) tours as an instructional tool. Corporate dieticians advise on food standards within these settings. Other specializations include home-care, and teaching. **Consulting dieticians** work independently of an institution and may provide services in a number of these settings. Nutrition and food quality were found to be among the primary concerns of Ontarians by various studies which indicted that 67 percent of respondents believed that eating habits are related to health and 87 percent were concerned about the effects of food additives on health[7].

Dietetics is not currently regulated in Ontario but has been recommended for regulation under the proposed Dietetics Act[8]. Clinical dieticians working within a clinical setting are covered by OHIP, only in cases where they are referred to the patient by a physician. Some portion of services of other dieticians are insured under some extended health care plans, including Blue Cross, with the number of extended plans providing coverage increasing as the profession gets closer to regulation and as insurers realize that nutritional solutions are generally less costly than drug therapy. Sample out-of-pocket costs for individuals where coverage is not provided are $50 for the initial visit and $20 for each

Dietetics, continued

subsequent visit, with the length of treatment varying depending on the nature of the condition. Dieticians are required to complete a four year Bachelor degree in food and nutrition from an approved university. This is followed by an approved dietetic internship of approximately one year in length, a period of planned work experience or a post-graduate degree in human nutrition. The title of Registered Professional Dietician (R.P.D.T.) is protected and the standards for entry into the profession are clearly delineated.

The Ontario Dietetic Association represents approximately 1650 practitioners in Ontario, both English and French speaking. Only designated R.P.D.T.'s are accepted for membership. For the public's protection, the Association also maintains a roster of consulting dieticians who have proper credentials. It provides some publications and services in French, although it is not entirely bilingual. It generally caters to the needs of working professionals and addresses public needs for information only indirectly through practising dieticians. The Association, in conjunction with the Ontario Hospital Association, produces a Nutritional Care Manual and Diet Sheets to be used by practising professionals. It also produces fact sheets about dietetics. The major communication channel for the general public is National Nutrition Month (March). The National Nutrition Campaign is public directed through dieticians and includes mall displays, promotional posters, bookmarks, aprons and a *Healthy Eating Cookbook*. A dietetics program might include a filmed point-of-purchase tour designed to increase awareness of the nutritional content of food products and/or a healthy cooking segment based on the *Healthy Eating Cookbook* designed to increase awareness of the nutritional content of prepared foods. Previous related TVO programming includes *Weight Craze*.

PROGRAM FOUR

Oriental Medicine

The oriental medical system is based on the premise that the human body consists of a network of meridians through which flows an energy. When an individual is healthy, the energy flows smoothly through the meridians. However, when the flow of energy is unsmooth or sluggish, the individual becomes ill. Oriental medicine is recommended for many dysfunctions from which relief is not obtained through conventional medicine; for example, migraine headaches, sinusitis, asthmatic conditions, arthritis, whiplash, dysmenorrhea, menopausal symptoms, lower back pain. Chinese techniques include **acupuncture** (the use of needles to electrically stimulate points along the meridians and influence the flow of energy), **acupressure** (non-invasive point pressure), **herbalism, moxabustion** (an herbal healing technique that uses heat), **Tai Chi** (a martial arts form), and **nutrition**. Japanese massage techniques include **reflexology**, and **Shiatsu**. A selection of these will be described below as separate segments of a single program; however, two programs may be necessary in order to achieve an adequate representation of the material.

Chinese Medicine and Acupuncture

Chinese Medicine and Acupuncture are based on the flow of Chi through the meridians of the body. The practice of **Chinese Medicine and Acupuncture** is not currently regulated in Ontario, nor is insurance provided under OHIP or any extended health care plan. Cost of an initial diagnostic visit is approximately $55 while follow-up treatments (about one hour in length) are in the vicinity of $35. Length of treatment program varies depending on the dysfunction. If it is in advanced stages, treatment can range from three to six months. Currently, there is one school in Ontario -- the recently established Institute of Chinese Medicine and Acupuncture in London -- that, while not recognized by the Ontario Government, is recognized by the World Federation of Acupuncture and Moxabustion Societies (based in Peking), the World Health Organization and the Chinese Medicine and

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Chinese Medicine, continued

Acupuncture Association of Canada. Admission into the program requires prior completion of two years of university study. Upon entry into the program, the student undertakes four years of study, followed by a thesis and comprehensive exams. The areas of study include Chinese medical philosophy, meridian structure, conventional science disciplines, acupuncture (cerebral, hand, ear), Chinese herbalism, Chinese nutrition, moxabustion, Tai Chi.

The Chinese Medicine and Acupuncture Association of Canada represents approximately 300 practitioners, including a small number of French practitioners. Publications and communications are in English and Chinese. The Association is concerned with the protection of the public and has a mandate of promoting public knowledge of Chinese medical techniques, educating and upgrading practitioners. Acceptance into the Association requires extensive training and passing of qualifying exams. The Association reviews and determines approval of curriculum and teaching staff for study programs in Ontario. It also provides pamphlets, newsletter and conducts media interviews, public lectures.

Reflexology

Reflexology is based on the principle that there are reflex points in the feet which correspond to every structure, organ and gland in the body, thus the entire body is mapped out on the feet. It is believed that the correct stimulation of these points improves blood circulation and supply of healthy nerves to bodily structures, thus balancing the functions of the body. The technique involves strong massage of the feet, which is thought to stimulate, release and dissolve the toxins which tend to accumulate in the body. The toxins can then be eliminated naturally through the body's own cleansing properties. It is further believed that organ and gland functions are stimulated as circulation is increased[9]. **Reflexology** is not regulated in Ontario, although the Reflexology Association of Canada educates and certifies practising therapists.

Shiatsu

Shiatsu is a massage therapy which is based on the premise that the flow of an energy which the Japanese term *Ki* may be altered and facilitated through manipulation. This may be thought of as *full body reflexology* wherein the entire body may be mapped on to various bodily parts other than the feet. Like other oriental techniques, it is based on the notion of meridians and energy flow through the body. The aim of the therapy is to release energy blockages through the application of strong, appropriate and sustained pressure to the pressure points, one at a time. It is distinct from western **Massage Therapy** in technique and effect. It uses primarily thumb pressure, along with some elbow and knee pressure, as opposed to the rubbing, kneading and stroking that is characteristic of western **Massage Therapy**. The perceived effects of **Shiatsu** are distinct from those of **Massage Therapy** in that it is a deep muscle therapy, which results in a deeper and more sustained relaxation than **Massage Therapy**, which tends to be more relaxing and soothing in the moment. Individuals report feeling twinges in parts of the body other than the one which is being manipulated. **Shiatsu** is recommended as a complement for any other therapy and is believed to work particularly well in conjunction with chiropractic treatments. It is effective in relieving the effects of stress on the body; particularly, the mid- and lower back, neck, shoulders, internal digestive tract (colitis, ileitis). It is also effective in treating whiplash, headaches, hip problems, sciatica, and arthritis resulting from muscular tension.

Shiatsu is not currently regulated in Ontario. **Shiatsu** is not insured under OHIP, although many extended plans provide coverage with or without the referral of a medical doctor. The cost of a single treatment is approximately $40, with four to eight treatments alleviating most major complaints, and chronic pain requiring more treatments. For general preventative purposes, treatments are recommended once a month.

Shiatsu, continued

Currently, there are only two recognized schools in Ontario. The program is two years or 2200 hours in length and is analogous to the **Massage Therapy** program (described subsequently), although it is broader in that it covers oriental and western medicine. As such, Ontario has the most stringent and intensive training found anywhere in the world.

The Shiatsu Therapy Association of Ontario represents approximately 52 practitioners, most of whom are based in Toronto. French practitioners are not explicitly represented nor serviced, although they may obtain publications from the Quebec counterpart. The Association provides seminars, an informational flyer, a directory of members, a referral service and also conducts career days in schools and colleges.

Massage Therapy

Massage Therapy is "the science, art and philosophy of treatment by systematic manipulation of the soft tissues of the body", without adjusting or attempting to adjust any bony structure. **Massage Therapy** in Ontario is based on the Swedish method and the western philosophy or school of thought, and is distinct from **Shiatsu** which is based on meridian methods and the Oriental school of thought. Techniques of massage therapy may include various forms of manipulation, as well as, **hydrotherapy, actinotherapy, thermotherapy,** remedial and postural exercise, vibrating and/or oscillating machines. **Hydrotherapy** refers to the application of water in all its forms (water, poultices and packs). **Actinotherapy** refers to the use of light rays (infra red and ultra violet) for therapeutic effects. **Thermotherapy** refers to the application of heat. **Massage Therapy** promotes relief from chronic stress, pain, general tension. It is recommended for tension release, improved circulation, lymph drainage, muscle rehabilitation, improved joint mobility and general relaxation. Given that stress is believed to be an important determinant of overall health and that 75 to 80 percent of the population (in an American poll) expressed stress-related concerns[10], any therapy that relieves the effects of stress on the body is a promising topic for programming. This includes **Shiatsu, Massage Therapy** and most manipulation therapies.

Massage Therapy is currently regulated in Ontario under the Drugless Practitioners Act by action of the Board of Directors of Masseurs. **Massage Therapy** is insured under OHIP if the service is provided under the supervision of a medical professional within a medical office. Thus, the reality is that massage treatments are rarely covered under OHIP although they are covered under some extended health care plans. Currently, there are only four recognized schools in Ontario. The program is 1 1/2 years or 2200 hours in length. Licensing examinations cover the areas of anatomy and histology, physiology, pathology, public health, assessment, treatment and clinical

Massage Therapy, continued

practice[11]. Upon successful completion of the program and exams, the candidate receives certification as a Registered Massage Therapist (R.M.T.).

The Ontario Massage Therapist Association represents approximately 400 practitioners (about half of the R.M.T.'s in Ontario) including students and honorary members, 327 currently practising. French practitioners are also represented although not serviced in their language. The Association is a voluntary body with a mandate to promote massage as a preventative and remedial health care, foster professional growth and excellence in education and practice. It provides members with continuing education, seminars and professional information. It also operates the Registered Massage Therapist Referral Service for the public and professionals.

Holistic Medicine

Holistic Medicine is an approach to medicine which combines western medicine with various complementary non-western methods in order to assess the whole being, physical, emotional, mental, and spiritual. The underlying philosophy of the approach is to empower individuals to take care of themselves; to treat illness but, first and foremost, to prevent it. The complementary methods are drawn from the varied sources, including the medical practices of other cultures. Techniques include **acupuncture, psychotherapy, massage, visualization and meditation, clinical ecology, energy medicine, and ayurvedic medicine** (the science of daily living, practised in India). Practitioners of holistic medicine adhere to the view that western medicine is better equipped to deal with acute care than with chronic conditions.

Holistic Medicine is an approach to medicine which is adopted by a number of medical doctors. As such, practitioners have generally completed an approved medical program in clinical sciences and clinical practice and are regulated by the Health Disciplines Act through the College of Physicians and Surgeons. Their knowledge of holistic techniques is gained through post-graduate study, in a manner analogous to a conventional doctor doing a specialization in a particular area of medicine. However, the training in holistic medical techniques is neither defined nor approved by a central regulating body. Thus, there does not exist a designation for a holistic medical doctor. The Canadian Holistic Association is currently endeavouring to establish a curriculum in holistic medicine and to obtain university sponsorship for the program. Due to the status of holistic medicine as a discipline, the services of a holistic medical doctor are partly insured under OHIP. Only those services which fall under the rubric of western medicine are insured, as they would be were they rendered by any physician. Because most practitioners in this field practise western medicine, but with a reduction in the administration

Holistic Medicine, continued

of drugs, most services are in fact insured. Any service that is not insured under OHIP is charged outside of the system, directly to the patient.

The Canadian Holistic Medical Association is a voluntary body that has been in existence since 1977. It represents approximately 80 to 100 medical practitioners in Ontario (including French members), most of whom are located in Toronto. It is thought that the number of practitioners using holistic techniques is, in fact, much higher than this figure suggests. French practitioners are not serviced in their language, although they may obtain service or publications in French from the Quebec Holistic Medical Association. It offers sustaining memberships to non-medical persons, including licensed practitioners in other fields (e.g. naturopaths, chiropractors) and non-licensed individuals who have a general interest in holistic techniques. Total membership (medical and non-medical) is currently in excess of 400. The Association provides members with a magazine *(Hologram)*, brochures, membership directory, and a general information phone line.

Midwifery

Midwifery refers to the "assessment, monitoring and provision of care during normal pregnancy, labour, post-partum period and conducting spontaneous normal vaginal deliveries"[12]. Practitioners may perform episiotomies and amniotomies. They may repair episiotomies and certain lacerations, administer certain substances and perform certain invasive procedures. This is suggested as an area for programming, since women continue to be the primary users of the health care system and continue to be concerned with issues of pregnancy and childbirth[13], particularly as medical intervention becomes increasingly commonplace in the birthing process. Furthermore, 43 percent of the respondents to a 1986 Ontario Hospital Association Survey indicated that midwives should be allowed to practise out of homes as well as in hospitals and clinics.

Midwifery is not currently regulated in Ontario but has been recommended for regulation under the proposed Midwifery Act[14]. The Ministry of Health has made recommendations for the type of **Midwifery** to be practised in Ontario. There also exists a document outlining guidelines for the practice of midwifery in Ontario, which are in line with general medical practice. It is expected that by the end of 1991, the practice of midwifery will be well defined, and that there will be recognized educational programs in place in Ontario. A curriculum development committee and an interim regulatory council have already been established to further this objective. Currently, there is no specialized training available in Ontario. Most practising midwives are foreign-trained, either in Texas clinics (programs three months to one year in length) or overseas. Their certification is not recognized here. Apprenticeship programs are available in Ontario, but they are few and far between. **Midwifery** is not insured under OHIP nor extended health care plans.

Midwifery, continued

The Association of Ontario Midwives is a voluntary organization representing approximately 50 practitioners. It is not bilingual nor does it provide publications in French. The criteria for acceptance into the Association are the continuous provision of care to a predetermined minimum number of clients under the supervision of a practising midwife. The Association provides to members, a quarterly newsletter containing reports from various committees and regional representatives as well as, regular workshops and peer reviews. The Midwifery Task Force of Ontario represents clients and provides a hotline number. Other sources of information include various documents on file in the Ministry of Health and Ontario Legislative Libraries. Recently, CKVR aired a program on the the practice of **Midwifery**. Related TVOntario's programming includes the March 7th episode of *Vital Signs* entitled "I'm not ill ... I'm pregnant". The Association was very receptive to its members collaborating on the development of content for the program and it was suggested that the program might review the history, current practice and current politics surrounding the profession. The historical approach would include an examination of Canada's position as the only industrialized nation in which the profession has not been generally accepted as complementary form of care.

Chiropractic

Chiropractic is a science concerned with the relationship between structure (the spine) and function (the nervous system) as it affects the stability of health (homeostasis) (Ontario Chiropractic Association, a). The system of treatment involves the adjustment and/or manipulation of the articulations and their tissues, particularly those of the spinal column, for the purpose of relieving interference with the normal functioning of the nervous system[15]. The major therapy is direct manual adjustment or manipulation of the spine and extremities. Adjunctive techniques may include exercise, **ultra-sound, hydrotherapy, actinotherapy, thermotherapy, electrotherapy, and massage.** Approximately 90 percent of chiropractic practice is related to musculo-skeletal disorders (including headache, neck and back pain) while the remaining ten percent is related to functional and internal disorders resulting, in whole or in part, from spinal dysfunction. This is suggested as an area of programming since the proportion of the population visiting chiropractors is on the rise -- from one percent in 1950 to as high as ten percent in the mid- 1980's[16]. Chiropractic is now the third largest primary health care profession in Ontario and the world.

Chiropractic is currently regulated in Ontario under the Drugless Practitioners Act by action of the Board of Directors of Chiropractic. Chiropractors are primary care practitioners which means that medical referral is not required. **Chiropractic** is approved for limited coverage under OHIP, applicable on a yearly basis. Educational qualifications include two years of university level study in sciences followed by four years of study in an accredited chiropractic college. Licensing examinations cover the areas of anatomy, neurology, physiology, physiological chemistry, pathology, public health, microbiology, diagnosis and symptomatology, technique, treatment and clinical practice[17].

Chiropractic, continued

The Ontario Chiropractic Association represents approximately 1250 or 75 percent of (1700) practitioners in Ontario. The Association is bilingual and represents French practitioners, although they are referred to the Canadian Chiropractic Association for French publications. Existing communications channels for the public and professionals include *Spinal Health Week* (May 1 to 7, 1990), free publications for primary schools (*Inspector Spine* colouring book series for grades three to six and its French counterpart *Detective L'Epine* with accompanying teacher's guides), a newsletter, general information and topical pamphlets, a cell network committee responsible for media and several societies acting on behalf of the Association. Given the Association's mandate of educating public and professionals, it seems likely that they would be receptive to collaborating on the proposed educational television programming.

OTHER POTENTIAL CONTENT

Other Therapies

The sections below describe various other therapies which are not recommended for explicit inclusion in the series for one or more of the following reasons:

- the therapy is included as a technique of other therapies;
- the therapy is represented by a small number of professionals;
- the therapy is an accepted conventional approach.

Some may be included as brief segments within other programs. These are ordered in parallel fashion to the ordering of programs in the proposed series; from most preventive to most curative in philosophy and from non-regulated to regulated.

Iridology

Iridology is based on the premise that, by examining the iris of the eye, the trained practitioner may derive information regarding an individual's health, including the body's constitution, inherent weaknesses and strengths, and transitions in the body's state. The practitioner looks for fibre uniformity or inconsistency which are thought to reveal whether and where in the body inflammation has occurred[18]. As such, it is primarily a diagnostic technique, and is sometimes utilized by Naturopaths.

Colonic Irrigation

Colonic Irrigation or **Cleansing** is based on the premise that the health of the intestinal tract bears a relationship to the health of the body. It is believed that as high as 90 percent of diseases are due to improper functioning of the colon. Practitioners are represented by the Colon Therapy Association of Canada[19]. This therapy is practised by some Naturopaths.

Cranial Therapy

Cranial Therapy is based on the premise that imbalances result from the disruption in the ebb and flow of the cerebro-spinal fluids and that balance may be restored through gentle manipulation of the body's connective tissues[20]. It is a non-invasive massage form which is thought to promote circulation of blood, cerebro-spinal and lymphatic fluids. This, in turn, leads to relaxation and pain relief. **Cranial Therapy** is recommended for stress and tension related difficulties, chronic aches and pain in the face, back, shoulders and neck, headaches and migraines, whiplash[21]. Practitioners are educated through The Cranial Institute, many of whom are licensed in other professions, such as **Massage Therapy** and **Physiotherapy**, and include **Cranial Therapy** in their repertoire of techniques.

Polarity Therapy

Polarity Therapy is the based on the premise that the healthy body is a balanced electromagnetic field, the right side being charged with positive energy (yang) and the left side being charged with negative energy (ying). Too much of the former is associated with inflammation, irritation, and swelling. Too much of the latter is associated with tension, spasm, and poor circulation. Polarity Therapy aims to restore balance between the two energies and thus improve health[22]. It integrates gentle bodywork (manipulation) with exercise, diet and positive thought.

Rolfing

Rolfing, known also as **Structural Integration**, examines the chronic stress patterns of the body. Through work on the soft tissue, the body is realigned to achieve an appropriate relationship to gravity, thus facilitating functioning and relieving stress and chronic pain[23].

Clinical Ecology

Clinical Ecology is concerned with the individual's maladaptive reactions to ecological factors, the underlying philosophy being that individuals possess sensitivities to particular food substances and environmental factors in the air and water around them, and that these chemical sensitivities are the culprits in many chronic symptomatic configurations. Allergic reactions may be physical or mental in nature, including such symptoms as depression, confusion, irritability and perhaps even more severe psychological disturbances[24]. This area may be promising as an area of programming as 46 to 47 percent of the Canadian population feels that contaminants in the air and water are at life-threatening levels[25]. Furthermore, two thousand new chemicals are synthesized and introduced into the environment yearly. Allergy-testing is, however, performed routinely as a component of conventional medical practice and is very similar in principle and practice to clinical ecology.

Physiotherapy

Physiotherapy refers to the "assessment of physical function and the treatment, rehabilitation and prevention of physical dysfunction, injury or pain, to develop, maintain, rehabilitate or augment function or to relieve pain".[26] It is a system of treatment which involves massage and manipulation of the body with the use of radiant, electrical or mechanical energy (excluding radioactive materials and x-ray machines) and exercise[27].

Physiotherapy is currently regulated in Ontario under the Drugless Practitioners Act by action of the Board of Directors of Physiotherapy. **Physiotherapy** is insured under OHIP and services are provided under the supervision of a medical professional. Degrees and diplomas in physiotherapy are granted by institutions in Ontario. Professionals are represented by the Ontario Physiotherapy Association.

Chiropody

Chiropody refers to the assessment and treatment, and prevention of disease, dysfunction, and disorders of the foot[28]. Practitioners may cut into tissues (excluding bony structures) of the foot, administer local anaesthetic and other injections into the foot, and prescribe some medications.

Chiropody is currently regulated in Ontario by action of the Board of Regents of Chiropody and is recommended for regulation with podiatry. Professionals are represented by the Ontario Society of Chiropodists.

Osteopathy

Osteopathy is a school of medicine and surgery concerned with the musculo-skeletal system and its interrelationships with other bodily systems.

Osteopathy is currently regulated in Ontario under the Drugless Practitioners Act by action of the Board of Directors of Osteopathy Practitioners are educated through colleges of Osteopathy in Ontario and the minimum program length is four years or 4200 hours. Licensing examinations cover the areas of anatomy (including histology and embryology), physiology, physiological chemistry, pathology and bacteriology (including parasitology, immunology, public health and preventive medicine), neurology, psychology and psychiatry, obstetrics, gynecology and paediatrics, surgery, osteopathic medicine (including pharmacology)[29]. Osteopathy has been recommended for regulation with Medicine due to its small number of practising professionals and to its considerable overlap with the medical profession in body of knowledge and skills[30]. Professionals are represented by the Ontario Osteopathic Association.

Occupational Therapy

Occupational Therapy refers to "the assessment of function and adaptive behaviour and the treatment and prevention of disorders which affect function or adaptive behaviour to develop, maintain, rehabilitate or augment function in the areas of self-care, productivity and leisure"[31]. **Occupational Therapy** is not currently regulated in Ontario but has been recommended for regulation under the proposed Occupational Therapy Act. Professionals are represented by the Ontario Association of Occupational Therapists.

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